

POSITION	INITIALS	ID NO.	DATE
	Lsh		02-07-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	2-28-01
FORMALITY REVIEW	WTE	571	03/29/01
RESPONSE FORMALITY REVIEW	HC	712	05-15-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	01/25/02
2	01/25/02
3	01/25/02
4	01/25/02
5	01/25/02
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49	01/25/02
50	01/25/02

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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